HIT Policy Committee
Strategic Planning Workgroup
Draft Transcript
May 11, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director
Good morning, everybody, and welcome to the Strategic Plan Workgroup. This is a public call, and there will be opportunity at the end of the meeting for the public to make comments. Let me do a quick roll call. Paul Tang?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Jodi Daniel?

Jodi Daniel – ONC – Director Office of Policy & Research
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Paul Egerman?

Paul Egerman – eScription – CEO
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Deven McGraw? Dave McCallie?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Present.

Judy Sparrow – Office of the National Coordinator – Executive Director
Charles Kennedy? Carol Diamond? Art Davidson?

Art Davidson - Public Health Informatics at Denver Public Health – Director
Good morning.

Judy Sparrow – Office of the National Coordinator – Executive Director
Good morning. John Lumpkin? Steve Findlay?

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Jim Walker? Christine Bechtel? Mark Frisse?

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Cris Ross?

Cris Ross – MinuteClinic – CIO
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Steve Stack?

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Janet Corrigan?

Janet Corrigan – National Quality Forum – President & CEO
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Don Detmer? Patti Brennan? Penny Thompson or Tony Trenkle? Marc Probst? David Lansky? Did I leave anybody out? With that, I'll turn it to Paul Tang.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Great. Thank you. Thanks, everyone, for I think is our final workgroup meeting before presenting the strategic plan document to the policy committee next week for approval. You all know that this has been a several month process where we've been taking input. We started out with a framework that was designed by this group. We've gone through a number of iterations. We've heard from the public. And we're here to present sort of an ultimate draft document that we'd like to, one, get through this workgroup today, and then do the final refinements before presenting to the policy committee next week.

I know the document was sent out late, so we'll probably have to walk through it in real time today. I think maybe what we could do is, Seth, if you wouldn't mind providing us a little background on what's been done to the document since the group last met. Then we can try to walk through the document itself.

Seth Pazinski – ONC – Special Assistant
Sure. The workgroup members should have the marked up version, and that shows in the text any specific text changes have made or in track changes there. What we weren't able to do in track changes, but are included in the comments is we went through a mapping exercise, as was requested by the workgroup on the last call. So the comments, this new version back to the version we discussed on our last workgroup call. In going through the mapping exercise, we just kind of looked across the board. Do the strategies match up with objectives? We identified some gaps and have proposed some new strategies to fill those in.

We've also merged some things that were redundant, so those items are highlighted in the comments, as you go through the section. Also, at the end of the slide deck, starting on slide 19 through 22, just give a summary of where new objectives have been added or items have been merged together. Those are some changes that have been made.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. Should we dive into the document then? Would that make the most sense? We'll go through the clean document, the latest version, which is something like 50. And I'll start on page seven, which is a new and improved graphic that sort of illustrates how we – as we all know here, we divide ourselves into themes. There were just a working way of dividing up some of the work and sort of clustering the work. But we've reorganized it here in a pyramid that shows essentially the infrastructure planks that build up to support the learning health system.

It starts with the policy and technical infrastructure. Laid on top of that is the privacy and security infrastructure that helps support the HIT that supports its meaningful use to create a better health system. And the pinnacle then is this learning health system concept that both supports ongoing care, but continuously harvests knowledge and information so that we can improve the health of the individuals and populations. That's the concept behind that graphic. Is that a fair representation of how we construed the components of a learning system and the framework for the document?

Seth Pazinski – ONC – Special Assistant
Yes. That sounds right.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
How does that sound to folks or how does it look to folks, I guess?

Janet Corrigan – National Quality Forum – President & CEO
I like it a lot. This is Janet. I think it looks very good. What I liked about it is in that in the early vision part, you really stop with the – you start with the pinnacles. You start with the learning system, which is what a lot of the audience is interested in. But then clearly the rest of the document is organized around the four levels and really starting with the technical infrastructure on the bottom. I thought it was a very good graphic.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Great. Thank you, Janet. Other comments?

Art Davidson - Public Health Informatics at Denver Public Health – Director
This is Art. I agree. I like it.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. And we'll ask at the end what order you'd like to present it. The way it's presented right now is to use that graphic to show how we build up the series of planks that then create this learning health system. Let's move on to page eight, which starts out with the lowest of the technical that is built to support the policy infrastructure we need to create this learning health system and start out with the goal, a set of principles that guided our work, and then I think we can focus in on the objectives and strategies the way they've been laid out.

I think one of the biggest change we have here is to map, as Seth said, the strategies into the objectives to try to show how we have a set of objectives that support the goals and execute the principles and strategies are built to organize the activities of ONC on behalf of the country to achieve those goals and objectives. I'll pause for a while to have you look at some of the results. And then maybe we'll walk through just sort of objective-by-objective and ask for comments.

Seth Pazinski – ONC – Special Assistant

Paul, this is Seth. I'll just highlight one change was in objective 1.1 where we merged two of the previous objectives because they were fairly repetitive.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. I think what I'll do now is walk through and get people's feedback, so starting with the goal. This is the infrastructure plank that enables the management and secure change of health information that meet the goals of meaningful use, and so the first objective is to establish that sort of infrastructure layer that, as we said, includes the policies, the standards, the implementation specifications, certification criteria that allows this interoperability to happen. Then you have four strategies that address that. Comments about that one?

M
It looks good.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
There's a little bit of a typo on what's my page nine, the last bulleted principle: "Policies and technical specifications should," I assume that means D, patient centered.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes, thank you.

Jodi Daniel – ONC – Director Office of Policy & Research
This is Jodi. In the objective, we also added reliability based on feedback from the last conversation. This highlighted some of the things that are changed. Then 1.1.4 is new.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Jodi, any debate? Mark Frisse here. Any debate on qualifying tools in terms of software tools or policy tools? Have you given any thought to that?

Jodi Daniel – ONC – Director Office of Policy & Research
No. Do you want to elaborate on your thoughts?

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
I think you've got it covered. The policy we've always emphasized policy technology as the primary scope, but the tool is generic. The term tool is just too generic, and you have a choice in my view between just talking about software tools, which is, I think, or libraries or something with software are implementing policy. I would think just scoping software in some perspicuous way would be sufficient.

Paul Egerman – eScription – CEO
This is Paul Egerman, Jodi. I have a similar comment. I read that 1.1.4, and I thought to myself, does the government really develop tools. To me, develop tools means develop software tools. It seems like you'd want to insert something about ... something.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Is 1.1.3, does that actually already capture what both of you have talked about and maybe the tool actually is not necessary? Adopt and promote a core set of essentially tools that help this exchange.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Mark Frisse here. I think so, and I also think that there's another question here, and that is to the extent

to which ONC should even emphasize development over the long term. Certainly in the short term it's been wonderful. That's another question I think people need to consider.

Jodi Daniel – ONC – Director Office of Policy & Research
I think there are two questions. One is the word develop and should HHS's role be to develop tools to support secure exchange. I think the thinking there was more, and I'll let others jump in, was focusing on some of like our state HIE work and developing tools to support efforts that are focused on secure exchange of health information. Question one is should HHS be developing. Then question two is what kind of tools are we talking about. Is this just policies, or is there software, or is it something else?

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Mark Frisse suggesting the term resources instead of tools for consideration.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That's a really good word. I was going to give, as an example, some of the things that Markle Foundation has put out. On the one hand, it seemed to fit as tools, but I think the word that Mark suggested, resources, captures it without causing some of the extra questions about whether it's a tool, you know, is it software? What is it? I think we understand what you meant by the word "tools", but I think resources might be a little clearer and more descriptive.

M
I'm okay with that.

Jodi Daniel – ONC – Director Office of Policy & Research
Unless folks think of resources as money.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That too.

M
Well the government has the right to develop money. That's true.

Paul Egerman – eScription – CEO
We could … environment for tools … supported or facilitating the development of tools. It's just the issue that not the government itself is developing the tools.

Cris Ross – MinuteClinic – CIO
Yes. This is Cris Ross. I'm not sure that if we're thinking about encouraging HIE, for example, that tools is in any way a hindrance. I think it's a distraction. Resources is not precise, but I think it gets the clearest meaning.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Going back to the HIE example, so you have a set of cooperative grants that is money that goes, and you hope to translate that into resources that can be used statewide and within these exchange organizations. A lot of it is words like the policies and standards and services, etc. that are discussed within these more regional or local entities.

Cris Ross – MinuteClinic – CIO
Yes. Cris Ross again, so there's an RFP pending right now to create a library of resources that are available to people pursuing meaningful use. And I know that we're interested in the implementation

workgroup of the standards committee, but it has broader applicability. That would be an example, to me, of standards that would support secure exchange of electronic health information that isn't tools. It's a library and index and points to resources that can be used, and it's not money either.

Jodi Daniel – ONC – Director Office of Policy & Research
What about facilitate the availability of resources to support secure exchange, which then gets to – it doesn't – it kind of … around who is actually developing them before sort of pulling them all together or developing them. It could kind of go either way.

Paul Egerman – eScription – CEO
It's interesting, Jodi. In the next objective, you have some of the right words. We have some of the right words. Encourage and facilitate development of. It's really to encourage and facilitate development as opposed to actually develop it.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Money helps encourage too.

Paul Egerman – eScription – CEO
Pardon me?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Money helps encourage too, so that doesn't eliminate that.

Paul Egerman – eScription – CEO
Yes, so it's encourage and facilitate is really what you want instead of develop. It's encourage and facilitate the development of something. I don't know if tools is the right word, but….

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Are people happy with encourage and facilitate development of resources or is that providers?

Jodi Daniel – ONC – Director Office of Policy & Research
Yes, my question is just on development. Do we actually want to say availability, which might just be … best practices, pulling stuff together versus actually starting from scratch? Maybe it might be both, but development suggests that there isn't something there, and it's something that we're creating a new or encouraging the creation of anew.

Paul Egerman – eScription – CEO
Encourage and facilitate your exchange of electronic health information. If the tools and the resources just encourage and facilitate secure exchange of electronic health information. Does that do what you were trying to do?

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Would you please repeat that, Paul, a little louder?

Paul Egerman – eScription – CEO
Encourage and facilitate secure exchange of electronic health information.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
It seems to lose a little bit of its punch.

Paul Egerman – eScription – CEO
Things all end up being the same point after a while. I think this has a specific focus on something a little bit more narrow.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Is provide resources to support secure exchange, is that?

Paul Egerman – eScription – CEO
That's….

Jodi Daniel – ONC – Director Office of Policy & Research
I think maybe we're closest with encourage and facilitate, either the development or availability of resources, to support. There seem to be some….

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes, that's sounds good. That sounds good. We can wordsmith that later, but that is an important point, both the development and the tools. How are we looking for objective 1.1?

Art Davidson - Public Health Informatics at Denver Public Health – Director
Paul, this is Art. I'd like to make a slight change to the footnote number two on population health. At the end of that sentence, it says "biomedical research and". I would change that to "routine and emergency public health preparedness and response".

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Any objections? Okay. Sounds good. We created a footnote because the mouth got too full with words, but we didn't want to lose the thought, so certainly we can make that edit. Other comments on the strategies for objective one? Objective two, this is talking about creating market sustainable mechanisms.

Jodi Daniel – ONC – Director Office of Policy & Research
I think, just for folks, I'm working with the red line as well. I don't think we've changed anything in this except for the reordering. I don't there's been any type of changes to either the objective or the strategies.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Mark Frisse here. Could I ask why 1.2.2 talks about public/private sectors and 1.2.3 addresses the more restrictive of collaborating with federal partners? I don't necessarily have a problem with it. I was just wondering why there's that duality.

Seth Pazinski – ONC – Special Assistant
This is Seth. I think, for that one, there's been a number of comments in the workgroup specifically on the broadband access, and that was just being specific on that particular issue.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
The question Mark is asking is, is there any reason why this wouldn't, we wouldn't also draw on the private sector? It got there because of this federal broadband program, but clearly they do partner with the private sector to get it accomplished. Maybe it's a good theme.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

Given the circularity of what we've probably been doing on that, I can certainly feel comfortable with what it is because, indirectly of course, that's implicit in just about everything the federal government does. I don't have any major problems. It just struck me as just a little bit of a … as I read it.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Sure.

Seth Pazinski – ONC – Special Assistant
Change the federal partners to public/private sectors?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Or collaborate with federal partners ad private sector to expand because then we maintain that history, which there is a federal initiative to expand, and we're just saying partner with the private sector too. I think the objective looks pretty clean. Any other comments on this one?

How about objective three, which talks about it's the confidence. There's a lot of players, stakeholders that are going to have to make their investment whether it is or isn't subsidized, and we want to make sure that we do everything possible as the federal government to make as safe an investment as possible. That's why we certify programs, and that's why we keep track of and try to continuously reduce patient safety concerns, improve the safety.

Janet Corrigan – National Quality Forum – President & CEO
Paul, this is Janet. I wondered if in 1.3.2 and the safety concerns whether monitor wouldn't be a better word than assess because it seems to me the patient safety concerns are ones where we need an ongoing monitoring system and a rapid response. This doesn't quite capture the timeliness of that effort. Assess oftentimes is more periodic, you know, every three years or something. I think it does need to be a rapid response to monitor and to respond to patient safety concerns.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I wonder, Janet, if that's actually a separate strategy. In other words, where we came out in the hearing that Paul and Mark shared was there are safety concerns. We need to, one, understand them better. And, two, have a strategy for addressing them, but then you're bringing up the point. And there needs to be an ongoing monitoring, certification, accreditation, whatever the process turns out to be. But there's a way of providing ongoing surveillance and rapid action.

Janet Corrigan – National Quality Forum – President & CEO
Correct.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I almost think we have a separate one.

Jodi Daniel – ONC – Director Office of Policy & Research
This is Jodi. I think … Paul, what you're suggesting. I'm wondering if 1.3.2 should be broader to say basically assess and address unintended consequences … and then focus, since we know patient safety is a particular area of concern, the monitoring of patient safety as it relates to health IT because there may be other things that come up. That's an area that we've identified as an important one. But there are other unintended consequences that may arise that we either may not be aware of and that we should sort of keep our ears open and eyes open for.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

I think that's perfect. For example, double everybody's work, and that's unintended. Does that meet your needs, Janet, your point?

Janet Corrigan – National Quality Forum – President & CEO
Yes, it does. As long as safety is called out as one of the key ones that we need to keep an eye on.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes.

Art Davidson - Public Health Informatics at Denver Public Health – Director
This is Art. Since we have so much emphasis on the modularity of EHRs, should this 1.3 objective make reference to that confidence in EHRs, modular components, and other HIT projects, or do you think that's embedded in the HIT products?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think it's embedded in both because there are modular components for EHRs, so I think it's embedded in both. See whether other people read it the same way. I might actually – I thought where you were going, Art, was increased market confidence and safety. I almost would put those two words up there in the objectives as well.

Art Davidson - Public Health Informatics at Denver Public Health – Director
That I agree with.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
This turned out to be a big deal, and it's represented in few words, not that few words are not bad, are bad, but – So people objective to the "and safety" up there in the objective?

M
No, that's good.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Then are people comfortable with Art's question as far as if the modular component included in EHRs and other HIT products? I'll take that as a yes. Any other final comments on this first plank, the policy and technical infrastructure? Let's move on to the second plank, which is privacy and security. Here clearly we're trying to build that trust for all parties, all stakeholders that what's going to go into the system and be carried throughout the system is protected so that individual's rights are protected as the information and data flows while contributing towards the benefits that we intended.

The first objective talks about the privacy and security laws and policies, and make sure we have those nailed. Then we have three strategies to address that. I'll just give you some time to look through that.

Seth Pazinski – ONC – Special Assistant
This is Seth. I'll just highlight that strategy 2.1.2 was previously an objective that we had in the last version of the framework that we've moved under this 2.1 objective.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Any comments on the strategies or objective?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
There's a fair amount of repetition. Maybe it's necessary.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
In the bullets, you mean?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Well, yes. I'm thinking, for example, 2.1.2 is review existing privacy and security laws; 2.1.1 is assess and implement as appropriate laws and policies and privacy and security. I mean, assess, implement, review, you know, the verbs are different, but the concepts are pretty much the same.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Agree. I think – let's see. So maybe the only concept there is aligning it with the emerging HIT and … well, so any objection to David's suggestion that we just delete essentially 2.1.2 as being covered by 2.1.1 and its many bullets?

M
The concept in 2.1.2, the need for potential modifications, so maybe that could be a bullet under 2.1.1.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. Any objections to that, basically moving the consideration for potential modifications as a bullet under 2.1?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
This is David. I have no objection. I think that reduces a little bit of the repetition, so that's a good idea.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
This is Steve Stack. That's fine with me.

W
Sounds good.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Good. I think, when you get to smaller numbers, you actually increase the importance, so I think that's a good intended side effect.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes. I agree.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
What's listed as the third strategy, any problem? This is really the harmonized state laws. It's an ongoing problem. There was certainly a major effort to look at the problem. I think, as we move to action, it just calls the question more strongly. Any final comments on this first objective?

Objective two is to increase the understanding, implementation, and enforcement of the laws and policies, and there are three strategies.

Jodi Daniel – ONC – Director Office of Policy & Research
The last one was added, the one that … enforce federal privacy and security laws, and Deven is not on the phone, but this was her language. The issue was that we had … in the objective, and when we reordered the objectives and strategies, there were no strategies addressing enforcement, so Deven suggested this language as an addition.

Cris Ross – MinuteClinic – CIO
This is Cris Ross. I would defer to Deven, but I'm wondering if the appropriate word in a context like this is enforcement or if it's compliance where the goal is to get people to comply rather than to be found to be noncompliant and then somehow penalized. I understand the understanding implementation, but I wonder if compliance would be helpful too.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
Yes. This Steve Stack. I don't think enforce fits in this particular document. This is the wrong agency for that.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Assure compliance.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
Facilitate compliance.

Jodi Daniel – ONC – Director Office of Policy & Research
Support compliance.

M
Adhere?

M
I think increase understanding and compliance with laws, policies, and practices might be appropriate.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That's a good one. You said – say that again, please.

M
Just strike "implementation and enforcement" and insert "and compliance with" or "understanding of and compliance with laws and policies and practices to protect".

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Any objections?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
This is David. No objections, but I stumbled on the word enforce up in objective 2.1 as well, and just from not clear that ONC has an enforcement role.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Paul, this is Carol. I just want to let you know that I've joined now.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Thanks, Carol.

M
Wasn't the last suggestion to change it up in 2.2?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Right. Then David was pointing out that the word “enforce” actually is up there in 2.1 too.

M
I’m sorry.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
2.1 also – 2.1 too.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I’m sorry. Yes. Let’s go back to, I think, was that Cris that supported the compliance language?

Cris Ross – MinuteClinic – CIO
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Understanding implementation and compliance with, well, maybe it’s understanding of, implementation of, and compliance with laws and policies and practices. That’s objective 2.2.

Jodi Daniel – ONC – Director Office of Policy & Research
One thing to clarify is that we are planning to go and talk with all of our federal partners to figure out what activities they’re taking that align with our strategic plan. Our intent is that this is not just ONC only activities, but broader than that. That being said, I still find, I think that the change in language is fine.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes, because what you would do then as ONC is you’re looking to insure compliance with. You have other federal partners that actually carry the sticks.

Jodi Daniel – ONC – Director Office of Policy & Research
Right. We might be leveraging other agencies’ authorities or encouraging other agencies to use their authorities to meet our strategic objective.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Right.

Jodi Daniel – ONC – Director Office of Policy & Research
Yes.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Or maybe Jodi wants to run the ONC police force.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That’s right.

Jodi Daniel – ONC – Director Office of Policy & Research
Do we get…?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
She’ll have to get her mace training. If I don’t hear – without other objections, then we would change the word and the words around it from “enforcement” to “compliance” and that would fit in objective 2.1, 2.2,

and the strategy 2.2.3. Great. Thank you. This is what's wonderful about having all these minds together. It's always better.

The third objective then is increasing consumer engagement by creating a trustworthy system, and we have three strategies. You know, I might suggestion one wording change. In the first strategy, "promote environment of consumer accountability", I might try to – we're not only thinking about accountability. It's consumer empowerment and accountability. The first is empower them with things, and then, as part of your new responsibilities, you are accountable. Rather than focusing only on accountability, it's part of the empowerment.

M
That word accountability struck me as a little bit harsh.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. It is a concept though that is being discussed in health reform more generally, and it is one of the goals. But I think it's one of the things you get once you get the rights and tools to do things.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
This is David. I stumbled on that concept as well, and also the last part of that sentence. What is fair enforcement of legal requirement intended to refer to? That's pretty vague.

M
Yes.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
It's kind of a topology, right? We don't do unfair enforcement of legal requirements.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
We just decided we don't enforce anything anyway.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Right, and we don't….

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. I'm not sure. There were a lot of probably good intents in creating the words, meaning it was probably construed to help protect their information. But it comes across … we're talking about promoting an environment of consumer engagement and, well, empowerment and accountability through public education and….

Jodi Daniel – ONC – Director Office of Policy & Research
Maybe it should be broader.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Fair information practices?

Jodi Daniel – ONC – Director Office of Policy & Research
Yes, or like policies that support that goal, you know, something. I think I might be something more broad than enforce legal requirements. I think it's basically as we're thinking of meaningful use, as we're thinking of rules for exchange, etc. We should be making sure we're developing approaches that promote consumer empowerment, not necessarily just enforcement of legal requirements.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Can I make a suggestion to the word "accountability"? I think it's more … also in terms of what ONC's role is that if we changed to informed participation….

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think that was Carol. Would empowerment cover that and actually just drop accountability? I think people were saying this was a bit out of place here.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes, I would drop the accountability. I'd actually think informed participation is more specific than engagement, and if we could leave both, that would be fine, but if you want to leave it at engagement, that's okay too.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
It was empowerment, so what do you think about empowerment and informed participation, or do you think that's redundant?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
No, I think they're different.

Janet Corrigan – National Quality Forum – President & CEO
Yes. This is Janet. I think they're somewhat different concepts, and I like them both, so I guess I would try to encourage the use of both.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
How about promotes an environment of consumer empowerment and informed participation through public education and fair information practices? It's not "and". With fair information practices? Maybe it just stops at the end of informed participation.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes, I agree. I don't know why the fair information practices piece is there because I think you've already kind of addressed it earlier. I don't know. It seems out of place there.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes, I'd agree. The whole point of this objective is let's increase consumer engagement by giving them access to this information.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Right, and I think the trust issue is addressed elsewhere, which I can see, you know, what you were trying to get at with the fair information practices.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Are people okay with that?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes. This is David. It's okay.

M
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Great. Any problems with the second and third strategy? I might suggest a little reordering, so have the second one first because it's basically consumer awareness. Then empower them and make sure that they get it in a safe way.

W
It looks good.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Any other comments on this objective?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
I wonder if the spirit of the fair enforcement of legal requirements really was intended to apply at the end of 2.3.3 in the sense that consumer access to their information is a legal right, but it's certainly not granted by all providers.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
You could perhaps tag on support availability of electronic health information to consumers through safe and reliable – through reliable health IT and fair information practices?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes, something like that. I'm just wondering if that's where that idea was … floating around in the enforcement of legal requirements is really the requirement to grant access.

Jodi Daniel – ONC – Director Office of Policy & Research
Should it be fair information practices or are you suggesting actually putting the enforcement of legal requirements, which now talk about electronic access to information and obviously the meaningful use requirements, which also address patient access?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
I would defer to you.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
We'll just say sort of yes, do something that's less legal than legal requirements. It sounds onerous when it was intended to be protective. Any final comments on this plank?

Janet Corrigan – National Quality Forum – President & CEO
Yes, Paul. This is Janet. On last comment on 2.1.3, the one that pertains to states.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes.

Janet Corrigan – National Quality Forum – President & CEO
This troubles me a little bit because I think that it would probably be read by states as being a little bit condescending because it kind of writes off state experience, I think. It's not intended to, obviously, but I think it could be read as sort of, well, we'll just have to figure out how to get those states to harmonize their laws. And I wonder if it wouldn't be better to say something that recognizes that there's learning there, and that the federal government should learn from the state experience in privacy laws and

exchange policies. Perhaps it could say actively engage states to harmonize privacy laws and exchange policies and to learn from their experiences in fashioning federal laws and policies.

I'm not sure it said national priority goals to begin with. But it seems to me there's also learning from those experiences. Some states are out front of where the federal laws and policies are, and they continue to do so, and we should be monitoring and looking at that. And where see good innovation and things that make sense, or where they're addressing an issue that should be addressed in federal policy, we should that particular aspect up in the federal law and policy.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Would you maybe lead with the learning and then harmonize?

Janet Corrigan – National Quality Forum – President & CEO
I think that would be even better, or actively engage states to learn from their experiences and—

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
And harmonize.

Janet Corrigan – National Quality Forum – President & CEO
And harmonize.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Paul, this is Carol. I have a comment about this harmonize thing. I don't know that harmonization is actually a goal for state laws, and I think the only sort of interest we have in harmonization is to facilitate information sharing or interoperability. I think it's dangerous to put it out there as though harmonization generally is the goal.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Let me ask whether you – so I think one goal was what you said, which is to make sure we can move data where it needs to go. The other goal was the somewhat paradoxical situation where you have stricter – if states differ, depending on the perspective of who is stricter, but if they differ, sometimes that actually creates a loss of privacy protection, sometimes by perception, and sometimes by actual fact. That was one of the things we're trying to guard against.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes, but the connotation of this, let's be real, is that there's a goal to try to harmonize, which is always a lowest common denominator approach by definition. I think it's much better to say that what we're interested in is consistency of health information sharing and privacy protection and not make it sound like there's a sort of underlying message here that is we all need to have the same state laws.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Fair point. Maybe could we combine Janet's thought, which is, we do have the advantage of having a laboratory of 50 states. What is it that we can learn from those experiences to create a safe environment for exchange of information to improve health, that kind of thing? It's learn and to get away from the lowest common denominator, still find a way to reconcile them and then spell out the goal, which is to improve the safe exchange of information while protecting patient privacy, and that leaves out the word harmonize.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes, and I would say … provide consistent health information sharing and privacy protection. I think consistent is maybe a better word than harmonize.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
What was that word?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Consistent.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes, I think so. People could read that also into preemption, but we've got to find some way. You're right. So let's direct ourselves towards the goals while avoiding the harms, but in the spirit of learning from instead of force. Does that capture both of those ideas?

Janet Corrigan – National Quality Forum – President & CEO
Yes, so what are we going to do with it?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes.

Janet Corrigan – National Quality Forum – President & CEO
Maybe it should be a bullet under 2.1.1 that basically says actively engage states to learn from their experiences and to encourage the development of a consistent set of laws and exchange policies.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I like the words you put out. I wonder. It seems to be so important that it may deserve its own strategy.

Janet Corrigan – National Quality Forum – President & CEO
That's fine too.

M
Could you repeat that one more time?

Janet Corrigan – National Quality Forum – President & CEO
Accurately engage states to learn from their experiences and to encourage the development of a consistent set of privacy laws and exchange policies.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
I just want to say that I think the interest in consistency has to be a strong privacy protection and in interoperability only. We're not—I don't think—saying we want consistency generally.

Janet Corrigan – National Quality Forum – President & CEO
Consistent privacy protections and interoperability policy, is that it, Carol?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Any other?

Jodi Daniel – ONC – Director Office of Policy & Research
Could somebody read that back? We're having questions here about whether we got it.

Janet Corrigan – National Quality Forum – President & CEO
Actively engage states to learn from their experiences and develop a consistent set of privacy protections and interoperability policies.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Strong privacy protection.

Janet Corrigan – National Quality Forum – President & CEO
Consistent set of strong privacy protections and interoperability policies.

Jodi Daniel – ONC – Director Office of Policy & Research
Can I just ask one question? I'm always a big fan of strong privacy protection, but I think we have a principle about making sure that we're enhancing privacy and security, but while facilitating access and exchange. That was one of our principles above, so are we--?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Right, aren't we saying that with interoperability?

Jodi Daniel – ONC – Director Office of Policy & Research
Okay. I just wanted to clarify. That's fine.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
If we're not careful, every one of these principles will be exactly the same because they'll all have all the buzzwords in them.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes, that's a good point. The point of this thing is to work with states to create the consistency because we have … protecting privacy and insuring interoperability of information, health information. We just have to word it so we get the emphasis in the right place. It's working with the states.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
I think that is the emphasis in the context of all those other goals.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Right. Any other comments on this plank? Moving up to meaningful use, we know the goals by heart now. We can move into the objectives. The first objective is to meet the 2014 goal as best we can and use the levers that we have available to us or to recommend that ONC use the levers that it has available. Any comments there?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
This is David. And this is really more wordsmithing than anything else, but the objective itself, 3.1, you know, by 2014, capture, manage, and meaningfully use. I mean, does that imply that we are 100% meaningfully using in 2014? I just wonder if 2014 is unnecessary. You could say something like in keeping with stimulus guidelines or something like that. It almost implies that the problem is solved by 2014, and I don't think we mean to imply that.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Right.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
It would be an incremental process continuing to get better even after 2014. It's a minor point, and we can ignore it, but it read funny.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think the suggestion is to work toward. It's how to introduce the date 2014, it might be work towards the 2014 goal of, something like that. The reason the 2014 is in there because it's so – it's the reason. It's the President's goal that became the reason for all the statutory language around dates.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
I got you.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
But we can certainly do a better job than by saying working towards the goal of, blah, blah, blah by 2014, and that does give us a little bit, I mean, just speaks more to what we're likely to accomplish. Other comments? Yes?

Cris Ross – MinuteClinic – CIO
Yes, this is Cris. This is probably just wordsmithing, but if the intend here is to really go back to the statutory of the President's goal, if it were to be changed to say meet 2014 objectives of or to and so on, and just make it explicit that this isn't an introduction of a new deadline related to meaningful use. This just speaks back to the President's policies and putting it in that context.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Right.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes, that sounds good.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes, so that's the intent that David had, so we'll try to work on wording that does that.

M
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Other comments about the strategies under this objective? It's a lot of work to get here and a lot of work represented in these strategies. That's for sure. The second objective is the public and private sector resources by using policy levers kind of idea, and we have a number of strategies to address that.

Seth Pazinski – ONC – Special Assistant
This is Seth. I'll just note that 3.2.4, the last strategy there, was an addition based on, I think, our workgroup discussion last time and some of the public comments about the workflow issues.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Where are you reading?

Seth Pazinski – ONC – Special Assistant

This is 3.2.4, the new strategy.

M
The same question about tools.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So it would be provide assistance, perhaps.

M
Or whatever language we used in the earlier session, resources, whatever.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
The goal is to support providers and consumers, as they try to incorporate meaningful uses of health IT.

W
We could also say support providers and consumers to address key workflow and behavioral changes if you want to avoid the whole language issue on what we're providing.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Sure, and sometimes it literally is tools, but that's for the folks that you contract with to develop. Any other comments on strategies? The third objective is to engage patients and caregivers, and we have a number of strategies to communicate with them to make sure these things are usable and to have the policies to support the sharing of information that they need. Any additions there?

The final objective in this group is … efficiency for both providers and patients. It's one thing to put stuff out there. It's another to just add more work, whether it's for actually all the stakeholders, and so one of the things we want to do is make sure that things get better.

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
Paul, this is Don. I apologize for being late. I had a vet see my horse. On the ICD-10, obviously this is pretty queued to the moment. I just glanced at it. The point is there's going to be future versions. They're already working on an 11. I don't know if we want to make a comment about it, but it just came to mind because it's not like we won a lock. Let's face it. We've been locked in at 9 forever, and the idea that we're sort of advocating locking in to 10. I don't think it's necessarily assumed.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Right. Fair point.

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
To use ICD-10 and subsequent revisions or something like that, we could add.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Any other additions to this objective? We'll make those changes as far as ICD-10 for sure.

Janet Corrigan – National Quality Forum – President & CEO
Paul, this is Janet. One on 3.3.3, I'm sorry, I'm always jumping back to the other one. Did you want to finish this one first before I jump back?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. Then I'll open it up to any others.

W
I have one question back for Don on ICD-10. This is a five-year plan. Is it realistic to think that we would be moving beyond ICD-10 in the next five years?

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
Well, I sure that we'd be thinking about it because the problem is, you know, it's just been outrageous, really, frankly, the way we've lagged on that. So I don't think we'd be moving to a new one, but we should be thinking about it in the context…. Anyway, that's my response.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
This is Steve Stack. While I see the point, I think the clarification about it's a five-year plan kind of captures it. I mean, it is such a costly thing for the whole industry to shift all that stuff. That's part of the reason it's lagged.

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
But the problem is, it's a false waste of resources because it's even more costly if you don't do it, and that's what has been the industry has been extremely slow to figure this out, in my view.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Any objection to making the reference to ICD-10 more general?

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
No. This is Steve. I think his point is well taken. The concept is to continue to evolve and embrace better ways to do things. In this case, categorize … so the principle is well taken. But, pragmatically, it's not going to happen in five years.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That's right. Maybe it's more like a requirement for a HIPAA transaction upgrade and other standards, including ICD terminology, etc. Just be more general about it.

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
Which is a way of fixing it too. That'd be fine.

W
Do we even need that because it says HIPAA transactions, upgrades?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. I was thinking the same thing except for something like SNOMED, for example, is not – I don't think it's covered by HIPAA.

W
No, it's not. It's not currently a HIPAA code set.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Right. But these are some of the things that are still important to our learning health system, for example, and interoperability.

W
Right.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
We'll capture that concept more generally.

M
Can I ask a different question?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Sure.

M
Sorry to jump back up, but 3.3.1, what is self-efficacy?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
It's the ability and confidence of an individual to believe that they can change their behaviors to improve something like their health in our case.

M
I won't advocate change one way or the other, but I guess I would say that I would probably delete the three words "and self-efficacy" because I'm not so sure that's going to be overtly apparent to a lot of folks, and I'm not sure that it's specifically – I'm not sure that the three words make that much more value.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think a lot of people think the – the concept is definitely a part of how you get people to change their behavior. Your point of whether people would recognize that and understand that is a fair one.

Janet Corrigan – National Quality Forum – President & CEO
This is Janet. Why not just say promote healthy lifestyles or promote healthy behaviors? The effective use of health information to promote healthy behaviors, prevent disease, and manage chronic conditions to understand their needs.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That sounds good.

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
I like that.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
I like it.

M
Yes.

W
Plain English.

M
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Good. Janet is really good.

Janet Corrigan – National Quality Forum – President & CEO
I've got a comment.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes, Janet, go ahead.

Janet Corrigan – National Quality Forum – President & CEO
I had a comment on 3.3.3. It strikes me that this … it's in 3.3 and above in the objective statement. It specifically references shared decision making, which I think is really good, but then when you look at the strategies, the third one here where it talks about sharing information with patients. It's one way, as it's currently stated. Clinicians will share information with patients to improve health. Don't we want to capture the shared decision making concept and the strategies, which is not only you share information with patients, but you then listen to them and incorporate their preferences and desires in terms of the actual course of treatment.

But perhaps it says assure that meaningful use policies support shared decision-making with patients, including sharing information with patients to improve their health. I know that's a little bit redundant, but somehow this 3.3.3 was sort of one way information going to patients, and I think it needs to be broader than that to specifically reference shared decision making.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Support shared decision making through bidirectional exchange of information with patients, something like that, that shows the bidirectional?

Janet Corrigan – National Quality Forum – President & CEO
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Other people agree?

M
It's fine.

Art Davidson - Public Health Informatics at Denver Public Health – Director
Yes, that sounds good. Paul, this is Art. I want to go back to 3.3.1. I like the changes that have been suggested.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Seth, you got that one, the phrase?

Seth Pazinski – ONC – Special Assistant
Yes, I got it.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Great. Thank you. Sorry, Art. Go ahead.

Art Davidson - Public Health Informatics at Denver Public Health – Director

Yes. I'm sorry. I like the changes that have been suggested in 3.3.1, but I'm wondering now that the term "and self-efficacy" to me is embodied in that empowerment word, so maybe we should change the second "engage" and "empower" than to effectively use health information to, and then whatever Janet said before, promote healthy behaviors, etc.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
No problem.

Art Davidson - Public Health Informatics at Denver Public Health – Director
I think that there was a question about the meaning of self-efficacy, and I think it's embedded in that. For me, it's embedded in empowerment.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
To engage consumers about – so do you want to finish that phrase then?

Art Davidson - Public Health Informatics at Denver Public Health – Director
Engage consumers about the benefits of HIT and empower them to effectively use HIT to promote healthy behaviors, prevent disease, manage chronic conditions.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That's good. Okay. The only edit, there was a deliberate substitution. Instead of effective use of health IT, it's of health information.

Art Davidson - Public Health Informatics at Denver Public Health – Director
Yes, I'm sorry. Yes, that's correct.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay.

Art Davidson - Public Health Informatics at Denver Public Health – Director
The brain went ahead without me reading.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Right. Did you get that, Seth?

Seth Pazinski – ONC – Special Assistant
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Great. Thanks. Good suggestions. Anything else in this plank? Okay. Our final, but pinnacle, section is on the health learning system itself, and we have three objectives. I was expecting the goal – somehow the goal seems to have changed. There was one that had the IOM definition. Did that get changed?

Seth Pazinski – ONC – Special Assistant
That's in the vision section.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
We'll look….

Seth Pazinski – ONC – Special Assistant

….

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
We might want to move that down here because it is what we're saying. It is the pinnacle, so we want to make sure that it wouldn't hurt to repeat that one. The first objective is to make sure we leverage the – it's the knowledge creation, so where both the knowledge and the data exist, let's make sure we use that network resources to create – support the network resources to create new knowledge.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
This is David. Just wordsmithing – is the word "networks" necessary, or does HIT kind of subsume that, or was it an attempt to grab another idea there?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. This has gone through some editing because it was pretty lengthy because everybody contributed their piece, so it's good to look at it now and say have we become redundant or are there easier ways to say this and still capture the message?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
I would, just again wordsmithing, but on 4.1, you know, you might reverse it and say facilitate the creation of knowledge through consistent policies, standards, and methods that leverage HIT or something like that.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I like that wording. It's actually a variant of what you're suggesting, so actually you're right that network is redundant with HIT. Maybe we're not talking about network to HIT so much as network to information and knowledge.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
The idea was that we would leverage knowledge throughout the planet to create new knowledge, not just connect up a bunch of computers. What do the other folks think about this reordering of the words and capturing what our previous discussion was?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Paul, can you repeat the modification and also, I don't know if the slides are on the right--?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
The slides?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes, I don't know if they're on the right section.

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
What we're seeing is how do we plan to accomplish it.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes, I'm not sure I would go much on this.

M
I'm sorry. This is Alan … from Altarum. That's just a modified agenda list of the slides. We're on the right section.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
We're on the right section, just, I wouldn't pay attention to the man behind the curtain. We'll focus on the document. David, do you want to start out with your reordered phrasing?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes, I was just, on 4.2, switching the emphasis to the creation of knowledge instead of the leverage network. Facilitate creation of knowledge through consistent policies, standards, and methods by leveraging network HIT or leveraging HIT, just a simple change to the emphasis.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
I would favor leaving the word "networked" in, but either for knowledge or HIT, however you decide, but I think it's an important point.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
How about networked information and knowledge, so facilitate creation of knowledge through consistent policy standards and methods that leveraged networked—blank. It is information? I guess it's information because then you create knowledge out of the information. I'll read it one more time and see how people react to that. Facilitate creation of knowledge through consistent policies, standards, and methods that leverage networked information.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
That's okay with me. I think that puts the emphasis on the creation of knowledge, which I think is the goal of this objective or the objective of this objective.

M
I like that.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Carol, does that work for you too?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Don, I think you weighed in on this as well. Does this revised working work for you?

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
Did you say me?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes.

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
Yes, I'm fine.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Okay. How about the strategies that address that objective?

Janet Corrigan – National Quality Forum – President & CEO
This is Janet. A couple of things: I think there's a slight grammatical issue here because it says leverage data and human resources to facilitate, and then it moves on to a set of bullets that don't follow from the word facilitate, so you'll just need to probably eliminate "facilitate". But one question about the reduced clinically unnecessary costs, that to me seems a little too narrow because there's a lot of waste in the system that may just be not doing things in the most efficient way. It isn't necessarily that it's clinically unnecessary. It is clinically unnecessary, but I think that constraints it too much. Perhaps that goal could just say to eliminate waste.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That's fair. What do other people think?

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
I agree. A lot of work process redesign, sorts of things like that.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. Will that call out things that are done that are not medically necessary enough? I agree that it's in there. Do we need to call it out more?

Janet Corrigan – National Quality Forum – President & CEO
It could say eliminate waste, including chronically unnecessary….

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay.

Janet Corrigan – National Quality Forum – President & CEO
Then one other question, I thought the educate professionals and the public seems a little broad here. Exactly what were we referring to there? Educate them about health and about healthcare?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes, I think this was a fairly lengthy discussion and created this broad point. You're right? It was, education was the emphasis, and there's the traditional education of the healthcare professional, and then there's the public as well. Then captured in the EG is, oh, and really you can reach out to folks even in the K-12 through educational about the healthy behaviors. There's a lot mixed in here, and I think maybe that makes it undecipherable. We still agree with the concepts, and then maybe we could rework the wording.

Janet Corrigan – National Quality Forum – President & CEO
Yes, I think the concept is fine, but I would make it specific to health and healthcare.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
If we just added that to this bullet, would that make it self-explanatory?

Janet Corrigan – National Quality Forum – President & CEO
I think so.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Any other comments on these strategies? Okay. The next objective is the education and communications campaign. As I say that, I wonder if that one bullet we just talked about belongs under here, but let's see.

Janet Corrigan – National Quality Forum – President & CEO
I'm sorry. Before you move onto that, Paul, for 4.1.2, I'm not sure I know exactly what that refers to. It troubles me with this harmonize the meaningful use requirements with the needs in population health because, up above, earlier we said under meaningful use of health IT that it would be aligned with the national priorities. Population health is currently included, I think, in all the sets of national priorities that have been promulgated, and I can't imagine it wouldn't be one of the priorities the Secretary delivers to Congress in January 2011. So it seems like population health is a critical, national priority, which continues to almost make a separation between population health and personal care delivery, which I think we're trying to get away from. The meaningful use should be aligned with national priorities, and clearly population health is a big piece of national priorities.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
How do people feel about that?

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
I agree with that, the spirit of that, without a question.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. So 4.1.3 is already included in some of our language around meaningful use, and its attention to the health priorities, which includes population.

Seth Pazinski – ONC – Special Assistant
Can you repeat that change? I'm sorry.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think it's basically to delete 4.1.3 because it is part and parcel, it's just really inherent in meaningful use addressing national health priorities, which of course includes population health. Did I say that fairly, Janet?

Janet Corrigan – National Quality Forum – President & CEO
Yes. Still, I also have a question about 4.1.2, and I think we may need a couple of bullets there. I don't fully understand what that refers to.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
This was to not ignore the global context when you talk about interoperability because there are things that are done across the ocean and things that are done in U.S. standards. Since health is global, then our interoperability needs to be global. That was my recollection of the discussion.

Janet Corrigan – National Quality Forum – President & CEO
I agree entirely with that. I guess the question is, what would we actually do that makes sure that that happens? Is it to identify global standards and make sure that, wherever possible, we're consistent with what are likely to be global standards?

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
NLM, as you probably know, Betsy Humphreys is spending a good bit of her time these days essentially just playing that kind of switch art function, and Marjorie Greenberg and others so, I mean, we have a

process. But the question is, I guess, whether we need to elucidate that here. But I think it's through these international collaborations and the right bodies.

Janet Corrigan – National Quality Forum – President & CEO
I agree entirely with that, Don. I think probably it's both the interoperability standards and even more than that it's learning how HIT can be used to create, to deliver better healthcare and promote population health. I think the huge innovations in other countries that we want to learn from, I just wonder if we don't need to capture that a little bit more in bullets under this to be more explicit about what's meant there.

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
The point is well taken. I was just in London, in fact, and met with Allen Doyle on the new effort over there to try to make sure that they're using access to data for research and learning healthcare system. I think at some point it'd be good to even have a bilateral conference on that and probably loop in some EU people too. It isn't just simply. It started, if you will, at the policy infrastructure level, not just sort of the weeds, if you will.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think Janet is saying this is incorporated. Don, do you think it should be a standalone bullet, or could it be incorporated somewhere?

Janet Corrigan – National Quality Forum – President & CEO
I was actually thinking it should be standalone here as 4.1.2, but maybe the first statement should say incorporate the global health dimensions into the requirements of a learning system infrastructure. Then have a bullet that refers to interoperability, and maybe a bullet that refers to the uses, information and HIT tools to redesign care and promote population health. I would expand it. I think it's really important … constantly look outside the U.S., whether it's when you're in the weeds on interoperability requirements or whether it's in how you use the technology and the tools to redesign care and promote population health.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. What I heard was take out the into the interoperability requirements and move that down into bullets so that we can include other bullets.

Janet Corrigan – National Quality Forum – President & CEO
Correct.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
The first being make sure that we can interoperate and a second is to keep in mind that we have a global health situation when we consider public health and population health.

Janet Corrigan – National Quality Forum – President & CEO
Yes, and even more than that because it's not only global for public and population health, but that we can learn. In all of those areas that are in 4.1.1, there's international or global learning from other countries that we should be taking advantage of.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Learning from the rest of the world is part of the incorporate global health dimensions as another bullet.

Janet Corrigan – National Quality Forum – President & CEO
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Seth, we've said a number of things. Any questions or do we need to repeat anything?

Seth Pazinski – ONC – Special Assistant
What I heard was to take out the interoperability piece from 4.1.2, and then we're going to add. I thought I heard three bullets: one on interoperability, one on learning from other international … IT efforts, and then there was one on use of information for redesign care that I didn't quite capture.

M
No, it's about public health, wasn't it?

W
Yes.

Seth Pazinski – ONC – Special Assistant
Okay.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
It's sort of incorporate a global perspective in population and public health.

Seth Pazinski – ONC – Special Assistant
Okay.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Anything more on the first objective? The second objective, and we'll come back … as well. This is the education communications campaign. It seems like we can certainly move the bullet that we discussed in 4.1.1 down here. In fact, as I look at it then, it's almost duplicative with two, three, and four. We've just divided out. We separated things to help inform decisions by the individuals and also working with professionals. Sorry. I take that back.

Janet Corrigan – National Quality Forum – President & CEO
Paul, one comment on 4.2.3, develop and implement educational materials and tools to improve consumer's health. Is it really HIT literacy or is it healthcare literacy? HIT is just one tool that's a part of healthcare. I know we're focusing on HIT, but it seems to me it's the effective uses of HIT to … healthcare.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Correct. I think there are two comments, two concepts. One was health literacy. Then, as you point out, it's the use of this tool, HIT, to effectively improve their understanding of health. There are a few concepts, and it may not be worded….

Janet Corrigan – National Quality Forum – President & CEO
I think there are actually three concepts. There's health. There's health literacy, which is how you stay healthy and promote healthy behaviors and all those good things. There's healthcare literacy, which is how do people use the healthcare system, and do they understand all the issues around healthcare, and how do they get effective healthcare and navigate the system? Then there's actually the literacy around the HIT tools. I guess what I was suggesting is that say … consumers health and healthcare literacy. And I think that the HIT is a part of healthcare literacy, but then maybe to say health and healthcare literacy and to facilitate shared decision making with providers and promote self-management an self-efficacy using HIT.

M
Right….

Janet Corrigan – National Quality Forum – President & CEO
…all three.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Right. How do people feel about that? In summary, it's improve consumers' health and healthcare literacy, and then the rest of that sentence, which brings in literacy. In a sense, implicitly brings in literacy of health IT.

M
There was a previous comment about self-efficacy. Are we going to leave that term in there?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Maybe we do Janet's suggestion there too, promote healthy behaviors using HIT.

Janet Corrigan – National Quality Forum – President & CEO
Yes, that's better.

M
Yes.

Janet Corrigan – National Quality Forum – President & CEO
More understandable.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
You want to say using or enabled by. It almost sounds like technology cures. This is Mark.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Sure. Let me read the latest as I understand it and see if people have any final edits. Develop and implement educational material and tools to improve consumers' health and healthcare literacy to facilitate shared decision making with providers and to promote healthy behaviors enabled by HIT. Any further edits? Anything else on this objective? The final objective is to leverage the data we gain from populations to expand the knowledge and promote scientific discoveries.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
This is Mark. I have several comments on this, primarily structural ones, not content.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Go ahead.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
As the flow goes, it seems to me that item two, stimulating and supporting is a logical first choice. Item three, supporting research and development, is the second. I would suggest breaking out the last sentence of one as a separate bullet and to make that third, and then make 4.3.1 the remainder of that

fourth, or maybe the other two around. I just was thinking that you ought to talk in the cause first and kind of the consequence later. That's all. It's just a flow, a trivial thing.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
No, actually flow helps a lot in understanding, so I totally agree with what you said.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
You kind of support research, and then you reward research, and you publish research, and you use it, apply it. That's the sort of spirit.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. Others' thoughts?

M
Mark, again, does it go two, three, and you split one into two additional ones? I'm sorry.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Yes. It is 4.3.2 first, 4.3.3 second, 4.3.1 third, and the last sentence of that one, the make knowledge and technology accessible fourth.

M
Yes. That makes sense.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Any other comments on this objective? Since this is our pinnacle, let me open it up again to comments on the overall section.

M
Could you just remind me of what happens in 4.1.1? How many of those bullets remain?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
The only one that I had suggested, and I don't know whether people agree with, is to take the educate professionals and public bullet and bring that down as perhaps a separate strategy under objective two, which is the comprehensive education and communications campaign.

M
Okay.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
How do people feel about the overall framework now, sort of taking a step back? It's been a multi-month journey.

M
We're speechless.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
I think, like a lot of things coming out of ONC, it's well written. It's thoughtful. It's terse, and again, maybe we're all bias on this call about that, but I particularly want to note that the ONC people who have been working so hard.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That's a great comment.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
I've never heard praise for meaningful use documents before in the federal register, but I've heard such things from people, so on the basis of the quality and thoughtfulness. But I'd like to ask two rhetorical questions, the first being do we start at the top of the pyramid rather than the bottom? I know, Paul, that's something you were, I think, hinting at, at the beginning, perhaps. The second is perhaps an offline. If we were stopped by a United States senator or an ordinary citizen in the elevator and said, what are the three unique things that best represent all this stuff, what would they be? I think the latter one is more rhetorical, but I sure always like to have an elevator pitch that separates a mission and a strategy like ONC for what it uniquely does and what its primary purpose is. But I would begin by asking whether or not people think the pyramid should start at the bottom or start at the top.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
What do people think?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Mark, this is David. I'm not quite sure what you mean by start at the bottom.

M
Yes, I'm not … either.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
It's the order and sequencing again. We start out by talking about policy and technical infrastructure. We move up to privacy and security, meaningful use, learning. So it's a pyramid. It's a sequence in which these four sections are presented. I have no strong view on that, but I'm always a little bit – because the introduction is so general and strategic in the broader sense, I'm comfortable with it where it is, but I don't know if other people feel differently.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
You're talking not about reordering the pyramid, but reordering the way the pyramid is described.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Yes, starting with the top of the pyramid, just flipping one through four.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes. I think that's actually a pretty good idea.

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
However we do it, I think even a comment is that we obviously see these things as being integral and all important, so probably even introductory kind of phrase makes it clear that just because we're talking about one or the other, we're saying it's all relevant.

M
It does start with the learning health system and the vision and background.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Right, that would be the compromise….

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
And that, I think, is the elevator pitch, myself, but I don't know how….

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Right. We wanted to order it in a way that it at least goes top bottom, bottom up, one of the two. One way to look at it now is it starts out with the pinnacle, which is the vision, and then shows how we build it up. And you could start out with a vision and build it down, either way.

Janet Corrigan – National Quality Forum – President & CEO
This is Janet. I kind of like it building it down, I mean, starting out with the vision and moving down the pyramid. I think that probably would, in a general rule, I think, with communications is that the people reading the front of the document more than the back. So I guess the question is, is the broader audience we want to engage as much as we can try, I'm not sure there's enough to get into the technical details, but maybe there would read at least the front end and start working their way down the pyramid those who are more technical and interested in the policy and technical infrastructure, but clearly go to the bottom.

I guess the other way to argue though is that's really the heart of this document, I think, is the lower parts of the pyramid to a great extent is the unique contribution of this document. But in general, it'd be better to start with the higher up that everybody can kind of engage around. Did anybody try reversing the order of the section to see whether it still reads okay?

Seth Pazinski – ONC – Special Assistant
This is Seth. We originally had it, I think, in the reverse order, and then flipped it. We just thought it read a little better kind of working from the bottom … up.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Seth, you said you thought it read better going bottom to top?

Seth Pazinski – ONC – Special Assistant
Right.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
This is David. I think it's a good point that the vision section has the overview so that the sequence is maybe less important. Even though I said a minute ago that I liked Mark's suggestion, I don't think it's that important one way or the other.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
I actually agree with David. This is Mark again. I just thought we should raise it because it's just a choice that I think is an important one.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
The most important part is that we have a compelling vision … so I think if we have done a good job at that, then that probably is the executive summary that anybody who picks it up is going to – that most people will read.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
I think what we ought to do next is to have a contest to see who can distill it to a 140-character tweet without losing any of the critical ideas.

Jodi Daniel – ONC – Director Office of Policy & Research
If somebody can even just get it to a short blog post, that would be pretty exciting.

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
Yes. I'll be happy to review what people send it.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. I'll be happy to edit. Yes.

M
I have a question. In the diagram above the vision, and I'm reading the red line version. Let me see if I can find what page it's on.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
It's on page four for the … the process diagram?

M
Right, the process diagram. I wanted to ask ONC. Inside that box, it says … clears, and publishes. Is there no public comment period?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think we had it.

Jodi Daniel – ONC – Director Office of Policy & Research
Yes, this is Jodi. I think that was sort of the goal of the listening session was to try to get public input and obviously these public calls where people can make public comment. This is – we had not built in a comment period on a kind of almost final document that we would be putting it out before putting it. There wasn't any question … doing that. We didn't do that with the strategic framework that came out in 2004, I think it was, or the strategic plan that came out in 2008. This has actually been a much more public process than we've had in the past.

M
I just had some colleagues in public health that were wondering about their opportunities yet to comment. It sounds like this is done.

Jodi Daniel – ONC – Director Office of Policy & Research
People can always write into us. We have had people who have done that outside of the FACA process, but I don't think we had planned to have a public kind of comment process on this. It's not a regulation. It's just basically HHS's strategy.

M
Right.

Jodi Daniel – ONC – Director Office of Policy & Research
It's different than something that has an impact, you know, that requires activities of private sector folks or that … a benefit on private sector folks versus our plans.

M
Most of my questions are not about private sector, but more about other governmental agencies commenting on this.

M
The other government agencies will have the opportunity to review it and actually have to clear the….

M
Okay, so there is a period where that will happen with even HHS.

Jodi Daniel – ONC – Director Office of Policy & Research
Yes, there'll be a lot of discussion within the federal government before this gets cleared. There is a clearance process in HHS, and so we're going to be taking back the advice that you all give us through the policy committee. We'll be working with our federal partners to understand what they're working on and … if they have any input or feedback on this based on their perspectives, and it will go through a full federal clearance process before this is released.

M
Thank you, Jodi.

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
This is a bit of an aside. Paul, do you know if NCVHS plans to dial up about this as well at some point. It seems like it might be a good idea.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Sorry, Don. You said NCVHS do…?

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
Have some dialog on this. It strikes me that that could be a very good idea as part of that, you know, even to, anyway, as an aside comment. I'm not trying to switch the thread of the conversation.

Jodi Daniel – ONC – Director Office of Policy & Research
Yes. We've been using the Health IT Policy Committee because the HITECH Act had directed the policy committee to make recommendations on policy framework for health IT activities, and so it seemed like the one that Congress had anticipated would be the right federal advisory committee. Obviously we have had NCVHS and our health IT committees work on similar types of things. We usually try not to have duplicative effort, so that's why we brought this before this committee instead of NCVHS.

M
That's helpful. Thank you.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Any other finally comments about the overall document and the plans, process? I think each time we have these calls, it's just so helpful to hear the various perspectives, and everybody contributing to the document. We've been in the weeds for so long, and it's almost hard to step back and look at it. Perhaps, inadvertently, this was the set of fresh eyes in the sense that we had to do it in real time, but I think there's just a whole lot of good information in here and strengthened by the good input of the people on this call, as well as ONC, and as well as the public comments we had.

Paul Egerman – eScription – CEO
I've got my tweet ready.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

You've got your tweet ready?

Paul Egerman – eScription – CEO
Yes. ONC … leverages secure health data exchange to empower consumers and providers to learn to make better decisions.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Now would you put it in English?

W
Paul, you're such a harsh critic. That was good.

M
Yes, tweet, tweet.

Paul Egerman – eScription – CEO
I've got 24 characters to spare.

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
You might talk about reforming the system at the same time … quite good, actually.

Paul Egerman – eScription – CEO
It's got all the buzzwords in there.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. That's what made it not in English.

Paul Egerman – eScription – CEO
Exactly.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Are we ready for the public comments? Any other final comments?

Seth Pazinski – ONC – Special Assistant
This is Seth. I just wanted to say thank you to the workgroup members who've contributed to this and have provided language over the past couple of months. It's been wonderful working with you.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I thank you, Seth, for coordinating.

M
Likewise.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Why don't we bring the public in?

Judy Sparrow – Office of the National Coordinator – Executive Director
Operator, can you see if there are any public comments, please?

Operator
No public comment as of yet.

Judy Sparrow – Office of the National Coordinator – Executive Director
Thank you, Paul. Thank you, everybody.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Thanks, everyone. We'll let you know how it goes in the policy committee.

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.
Yes, I almost want to say Happy New Year.

Jodi Daniel – ONC – Director Office of Policy & Research
And I want to personally thank Paul Tang for his leadership on this. You've really help drive this process along, and have brought a lot of clarity, spent a lot of time, and it's been a pleasure to chairing this workgroup with you.

M
Here, here.

M
I echo that.

Judy Sparrow – Office of the National Coordinator – Executive Director
Thank you.

W
And his incredible patience in dealing with all of us. Thanks, Paul.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
It's a pleasure. All right. Thank you, everyone, for your time, and we will see you next time.

W
Thanks, Paul.

M
Thanks, Paul.

M
Thank you, Paul.

M
Thanks.